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BRYANTGOLD

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE**
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000023845 7590 01/17/2006

ADVANCED BIONICS CORPORATION
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VALENCIA, CA 91355

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Bryant R. Gold	(Depositor's name)
<i>[Signature]</i>	(Signature)
10 April 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/929,596	08/13/2001	Todd K. Whitehurst	AB-125U	9185

TITLE OF INVENTION: FULLY IMPLANTABLE NEUROSTIMULATOR FOR AUTONOMIC NERVE FIBER STIMULATION AS A THERAPY FOR URINARY AND BOWEL DYSFUNCTION

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/17/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
JASTRZAB, JEFFREY R	3762	607-040000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Laura Haburay Bishop2 Peter K. Johnson

3 _____

3. ASSIGNOR NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Advanced Bionics Corporation

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Valencia, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0648 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

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*[Signature]*Date 10 April 2006Typed or printed name Bryant R. GoldRegistration No. 29,715

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